

Profile: 870 871 872 873 874 875  
876 877 878 879 880 881  
818 819 820 821 822 823  
824 825 826 827 828 829  
918 919 920 921  
Appendix # 40AM  
Division of Medicaid Services

### **Children's Long-Term Support (CLTS) Waiver Program.**

It is further understood and agreed by both parties, through this attachment to the CY 2018 "State and County Contract Covering Social Services and Community Programs," that both parties shall comply with all provisions set forth in this Contract regarding the Children's Long-Term Support Program, hereinafter referred to as CLTS.

#### **I. Funds Provided/Period Covered**

**Funding Period and Amount:** Funds identified in this contract are provided for the period January 1, 2018 through December 31, 2018.

Funding for CLTS Waiver participant services may be "State-matched" or "local-matched." "State-matched" means that CLTS Program General Purpose Revenue (GPR) funds are used to pay the non-Federal share of Medicaid waiver costs. "Local-matched" means that the County uses an alternate and allowable "local" funding source to pay the non-Federal share of Medicaid CLTS waiver costs. Common examples of local funds include Basic County Allocation (BCA), Children's Community Options Program (CCOP), or County Levy. If a participant has allowable service expenses that exceed the available CLTS Program non-Federal allocations, the County may use local funds to supplement the available CLTS program allocation and still receive the Federal match.

The Federal matching rates in effect are the Federal Medical Assistance Percentages (FMAP) finalized and published in the Federal Register. The FMAP rates are calculated annually on a Federal fiscal year basis. The FMAPs for the current Federal fiscal year can be found on the Medicaid Website (<https://www.medicaid.gov/index.html>).

**Reallocations:** The Department may pay allowable CLTS expenses exceeding the County's contract maximum if funds are available. Any funding not used by the County for the cost of services may be subject to reallocation.

**Increases and Decreases:** Funding available for this program is subject to change. The County's allocation may be increased or decreased unilaterally during this contract period by letter notice.

All increases or decreases to the designated allocation amount during the contract period will be provided to the County through a notification from the Department. This notification shall

document the Department's approval of a change in funding and document the cause of the increase or decrease in the designated amount. The County will be informed of allocation increases or decreases resulting from reconciled year-end expenses through a reconciliation notification document.

## II. Purpose and Conditions on the Use of these Additional Funds

Funds are allocated to the County based on the following methodology:

### **State-Matched CLTS-Grandfathered Funds (CARS Profiles: 873, 874, 875, 879, 880, 881):**

CLTS-Grandfathered funding is funding set aside to pay for the CLTS service and CLTS administrative expenses of currently enrolled CLTS participants whose CLTS services were previously paid for using CLTS-Autism funding as outlined in [DLTC numbered memo 2016-04](#). Only participants approved by the Department may utilize CLTS-Grandfathered funding; the Department maintains a list of participants approved to use CLTS-Grandfathered funding. The Department will pay the non-Federal match of actual allowable CLTS program expenses incurred which are less than, or equal to, the County non-Federal CLTS-Grandfathered allocation for eligible CLTS-Grandfathered participants. The Department will provide the Federal match for all actual allowable CLTS program expenses up to, or exceeding, the Federal CLTS-Grandfathered allocation. Administrative expenses that exceed 7 percent of actual allowable CLTS-Grandfathered service expenditures are not allowable without approval by the Department.

The Department may pay allowable CLTS-Grandfathered expenses for the County when the additional allowable expenses exceed the contract maximums if funds are available. CLTS-Grandfathered funds not used by the County for the cost of services are subject to recovery by the Department.

### **State-Matched CLTS-Waiver Funds (CARS Profiles: 870, 871, 872, 876, 877, 878)**

The Department will pay the non-Federal share of all allowable expenses incurred up to, or equal to, the County's non-Federal CLTS-Waiver allocation. The Department will provide the Federal share of any allowable CLTS expenses up to, or exceeding, the County's Federal CLTS-Waiver allocation. Administrative expenses that exceed 7 percent of actual allowable CLTS-Waiver service expenditures are not allowable without approval by the Department. Person-specific funding, such as crisis funding, is incorporated into the County's CLTS-Waiver allocations where applicable.

### **Local-Matched (CARS Profiles: 818-829)**

The Department will provide the Federal share of allowable local-matched expenses for CLTS participants. Services are determined to be local-match funded from the corresponding county service authorizations submitted to the TPA. Allowable CLTS expenses exceeding the non-Federal CLTS program allocations are treated as non-Federal, local expenses.

## III. Conditions on the Earning and Use of the Additional Funds

These funds may be used by the County in accordance with the following conditions:

- A. The County agrees to comply with the CLTS Waiver Program requirements, as Federally approved by the Centers for Medicare and Medicaid Services, according to the Social Security Act s. 1915(c) and s. 1915(b)(4)([https://www.ssa.gov/OP\\_Home/ssact/title19/1915.htm](https://www.ssa.gov/OP_Home/ssact/title19/1915.htm)), and the Home and Community-Based Services requirements found in federal rule. The Department of Health Services, the State Medicaid Agency, maintains direct administrative oversight of the CLTS Waiver Program consistent with [42 CFR §431.10\(e\)](#). The Department maintains the sole authority to provide administrative direction and issue policies, rules and regulations. County waiver agencies do not have the authority to change or overrule any administrative decision of the State Medicaid Agency or otherwise substitute their judgment with respect to the application of policies, procedures, rules, and regulations issued by the State Medicaid Agency. The County also agrees to comply with Wis. Stat. s. [46.272](#) Stats, s. [46.278](#), [2001 Wisconsin Act 16 section 9123 \(16rs\)](#), [2003 Wisconsin Act 33 section 9124 \(8c\)](#), the relevant portions of the Medicaid Home and Community-Based Services Waivers Manual, applicable Numbered or Information Memos and other policy communications specific to the CLTS Waivers.
- B. Funds may only be used for services for eligible participants who meet functional, financial and non-financial requirements for the CLTS Waiver Program and have an approved Individualized Service Plan (ISP).
- C. Each CLTS participant shall receive service and support coordination provided by the County or a qualified County sub-contractor. Each CLTS participant will be given a choice of qualified and willing providers for all other covered CLTS services.
- D. The County shall have sufficient provider capacity to ensure each CLTS participant has timely access to service and support coordination.
- E. The amount of funds paid is determined by actual allowable CLTS waiver service expenses incurred, which include support and service coordination services, as well as County administrative expenditures allocated to CLTS Waiver Program operations in accordance with the [DHS Allowable Cost Policy Manual](#). Eligible and allowable costs will be paid up to the maximum amount allowed by the contract allocation. Costs paid with this funding must correspond to actual expenditures in support of the CLTS program that are not reimbursed through any other funding source. The County may not be reimbursed for services on any day a participant receives MA-funded services in an inpatient setting (such settings include general hospitals, SNFs, ICFs, or ICF-MRs).
- F. The County must coordinate with other Wisconsin county agencies operating the CLTS program to ensure there is no lapse or involuntary discontinuation of CLTS services for the CLTS participant when the CLTS participant moves to a different Wisconsin county.
- G. Funds may not be used to cover any portion of room and board expenses for participants, except when the cost of room and board is an integral but subordinate part of covered respite care services when such care is provided outside of the participant's home.
- H. The County agrees to implement the Parental Payment System for the CLTS Waiver Program as directed by Ch. DHS 1 of the Administrative Code. Requirements are available online at the Department website: <http://www.dhs.wisconsin.gov/children/clts/ppl/index.htm>
- I. The County receiving funding under this appendix must operate the CLTS program for all eligible individuals as per the federally approved requirements established by the Centers for Medicare and Medicaid Services.

- J. The County will provide, upon request from persons applying for or participating in the CLTS Waiver Program and/or to their representatives who have permission or legal authority, copies of records within a timely manner. When records are requested in response to a complaint, grievance or appeal, the records will be provided by the County at no cost to the participant or representative. The County may recoup the actual cost of providing copies of records as "CLTS Program Administrative Expenses" as defined in this Appendix.
- K. The County will share information with the Department as requested.
- L. Failure to meet these purposes and conditions or requirements specified in s. 1915(c), 1915(b)(4), the Medicaid Home and Community-Based Waivers Manual, or applicable Numbered or Information Memos and other policy communications specific to the CLTS Waivers may result in the loss of these funds and their repayment to the Department by the County.

#### IV. Fiscal and Client Reporting Requirements

The County shall make the following reports as a condition of receiving these funds:

- A. **THIRD PARTY ADMINISTRATOR REQUIREMENTS:** The County is required to pre-authorize all participant services by submitting service authorizations to the Department's third party administrator (TPA) vendor in a manner that is consistent with Medicaid Management Information System (MMIS) encounter reporting requirements, as outlined in the TPA Handbook and applicable Numbered or Informational Memos.
- B. **FINANCIAL REPORTING ON FORM 20 942A - EXPENSE REPORT FOR HUMAN SERVICE PROGRAMS:** The County must report to the Department the total actual allowable expenses incurred for all County-provided services and the total actual allowable expenses for all local-match services for eligible CLTS participants on Form 20 942A according to the schedule in the State/County Contract.
- C. **FINANCIAL REPORTING ON FORM F-22 540 (FORMERLY THE HSRR) - HUMAN SERVICES REVENUE REPORT:** The County must report to the Department the total actual revenue received for all County-provided services and the total actual allowable expenses for all local-match services for eligible CLTS participants on Form F-22 540 according to the schedule in the State/County Contract.
- D. **ANNUAL RECONCILIATION ON FORM F-00963:** The County must reconcile all CLTS program expenditures incurred during the contract period and paid before an annually established CLTS cut-off date. Reconciled expenditures must be reported on form F-00963.
- E. **COMMUNITY AIDS REPORTING SYSTEM (CARS):** The County will see their contract allocations reflected on the following CARS profiles. The Department will report all CLTS service expenses to CARS on a quarterly basis. Local-match CARS profiles are for tracking purposes and all contract amounts on local match profiles are \$0. No prepayments will be made on any of the profiles listed in this Appendix.

Reporting Profiles (Source)	Payment Profiles
Profile 818 CLTS BCA Match (from CLTS Claim Extract)	Profile 819 CLTS TPA FED Match (Non-reimbursable)
	Profile 820 CLTS TPA BCA Local Match (Non-reimbursable)
Profile 821 CLTS CCOP Match (from CLTS Claim Extract)	822 CLTS TPA CCOP FED Match (Non-reimbursable)
	823 CLTS TPA CCOP Local Match (Non-reimbursable)
Profile 824 CLTS Legacy COP Match (from CLTS Claim Extract)	825 CLTS TPA Legacy COP Fed Match (Non-reimbursable)
	826 CLTS TPA Legacy COP Local Match (Non-reimbursable)
Profile 827 CLTS CWA Match (from CLTS Claim Extract)	828 CLTS TPA CWA Fed Match (Non-reimbursable)
	829 CLTS TPA CWA Local Match (Non-reimbursable)

Profile 870 CLTS – Waiver (from CLTS Claim Extract)	Profile 872 CLTS-Waiver TPA Fed Match (Non-reimbursable)
	Profile 871 CLTS-Waiver TPA Non- Federal (Non-reimbursable)
Profile 873 CLTS – Grandfathered (from CLTS Claim Extract)	Profile 875 CLTS-Grandfathered TPA Fed (Non-reimbursable)
	Profile 874 CLTS-Grandfathered TPA Non-Federal (Non-reimbursable)
Profile 876 CLTS- WaiverCWA Admin (from CWA via CARS)	Profile 878 CLTS-WaiverAdmin FED (Sum Sufficient)
	Profile 877 CLTS-WaiverAdmin GPR (Contract Controlled)
Profile 879 CLTS- Grandfathered CWA Admin (from CWA via CARS)	Profile 881CLTS- GrandfatheredAdmin FED (Sum Sufficient)
	Profile 880 CLTS-Grandfathered Admin GPR (Contract Controlled)

The Federal match for CLTS-Grandfathered participants' allowable service expenses will be reflected on Profile 875. The non-Federal match for CLTS-Grandfathered participants' allowable

service expenses will be reflected on Profile 874. Service expenses are distributed between CARS profiles 874 and 875 as determined by the current, applicable FMAP rate. Any allowable expenses in excess of the CLTS-Grandfathered service allocation amounts after the annual CLTS reconciliation will be applied to the County's CLTS BCA profiles (CARS profiles 819, 820, and 918) and may be subject to the cash back adjustment process.

The Federal match of CLTS-Waiver participants' State-matched allowable expenses will be reflected on Profile 872. The non-Federal match for CLTS-Waiver participants' State-matched allowable expenses will be reflected on Profile 871. Service expenses are distributed between CARS profiles 871 and 872 as determined by the current, applicable FMAP rate. Any allowable expenses in excess of the CLTS-Waiver service allocation amounts after the annual CLTS reconciliation will be applied to the County's CLTS BCA profiles (CARS profiles 819, 820, and 918) and may be subject to the cash back adjustment process.

### **CLTS Program Administrative Expenses**

The County will be reimbursed for CLTS Waiver Program administrative expenses through CARS reporting. Counties must report allowable CLTS-Grandfathered administrative expenses to CARS reporting profile 879 and allowable CLTS-Waiver administrative expenses to CARS reporting profile 876. The Federal match for CLTS administrative expenses will be reflected on CARS profile 881 for CLTS-Grandfathered and CARS profile 878 for CLTS-Waiver. The non-Federal match for CLTS administrative expenses will be reflected on CARS profile 880 for CLTS-Grandfathered and CARS profile 877 for CLTS-Waiver. The County should not report administrative expenses directly to CARS profiles 877, 878, 880, 881 without the Department's approval. CLTS administrative expenses receive the Federal Medicaid administrative match rate of 50 percent (50%). Any otherwise allowable administrative expenses in excess of CLTS program non-Federal administrative allocation amounts will not be reimbursed.

### **CARS Cash Back Adjustment Profiles**

All local match source expenses, coded as BCA, CCOP, or any other local match source will be reported quarterly by the Department to the CLTS local-match CARS profiles. The non-Federal portion of these expenses will be subject to the cash back adjustment process. These adjustment amounts will be reflected on the cash back adjustment CARS profiles listed below.

- 918 Cash Adjust CLTS BCA Match –  
This will be a negative amount and will reconcile to Profile 820.
- 919 Cash Adjust CLTS CCOP Match –  
This will be a negative amount and will reconcile to Profile 823.
- 920 Cash Adjust CLTS Legacy COP Match –  
This will be a negative amount and will reconcile to Profile 826.
- 921 Cash Adjust CLTS CWA Match –

This will be a negative amount and will reconcile to Profile 829.

It is the County's responsibility to monitor these profiles and report the adjustment as an expense to the appropriate profiles.

### **Reconciliation Adjustments**

CARS data and/or final CLTS allocation amounts are subject to adjustment to align with the County's reconciled service and administration claims.

## **V. Payment Procedures**

No prepayments are made for funds included in this Appendix. The Department contracts with a Third Party Administrator (TPA) for claims processing. CLTS Waiver provider claims are processed and paid through the Department's contracted TPA vendor. CLTS waiver service claims are not reimbursed under the County CARS process. All other county waiver responsibilities remain in effect. County reported administrative expenses will be paid on a monthly basis through CARS. CARS payments through 06/30/2018 are limited to 6/12ths of the contract with the balance paid after 07/01/2018 based on reported allowable expenses up to the contract level for the non-Federal line only.

### **Cash Back Adjustments**

All Federally-funded waiver participants' allowable expenses are paid by the Department through the TPA. These payments include both the Federal and non-Federal share of the payment. In paying the TPA-processed claims, the Department has paid any local-match expenditures on behalf of the County; therefore, the Department must receive reimbursement from the County for local-match expenses through the Cash Back process.



**FEDERAL AWARD IDENTIFICATION INFORMATION: Benefit**

Federal award date (Date Award to DHS signed by Federal government):	This is continuing, sum sufficient, and reimbursement based Medical Assistance grant.
Federal Award Project Description (Title of Project or Program on Award to DHS):	Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
Federal Awarding Department Name:	Office: Centers for Medicare and Medicaid Services
Federal Awarding Agency Name:	Agency: Department of Health and Human Services
Catalog of Federal Domestic Assistance Number (Program CFDA):	93.778
Catalog of Federal Domestic Assistance Name (Program CFDA):	Title 19 Medical Assistance Program
Federal Award Identification Number (FAIN) (Applies to awards on/after 06/02/2013) (Award No.):	MA Benefit 051905WI5028 for 10/1/2018 to 9/30/2019 MA Benefit 051805WI5028 for 10/1/2017 to 9/30/2018
Grant Number (Grant No.):	N/A, Continuing Medical Assistance grant
Cumulative Federal Award Amount (Total amount of dollars sub-awarded to the vendor from the Federal award):	Division to complete, based upon CARS contract amount
DHS' Indirect cost rate for the Federal award (Approved Budget Indirect Costs (Rate)):	5.56 for Long Term Care
Sub-award period of performance start date (Project Period, not necessarily CARS dates):	1/1/18
Sub-award period of performance end date (Project Period, not necessarily CARS dates):	12/31/18
Is the Award R & D?:	No
Percent of All funds: FED	If profile name is FED, then 100% of the funds are FED. If profile name is NONFED or GPR, then 0% of the funds are FED.
Percent of All funds: Non-FED	If profile name is NONFED or GPR, then 100% of the funds are NONFED. If profile name is FED then 0% of the funds are NONFED.
Accountant Initial and Date	Tr 8/28/17

**FEDERAL AWARD IDENTIFICATION INFORMATION: Administrative**

Federal award date (Date Award to DHS signed by Federal government):	This is a continuing, sum sufficient, and reimbursement based Medical Assistance grant
Federal Award Project Description (Title of Project or Program on Award to DHS):	Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
Federal Awarding Department Name:	Office: Centers for Medicare and Medicaid Services
Federal Awarding Agency Name:	Agency: Department of Health and Human Services
Catalog of Federal Domestic Assistance Number (Program CFDA):	93.778
Catalog of Federal Domestic Assistance Name (Program CFDA):	Title 19 Medical Assistance Program
Federal Award Identification Number (FAIN) (Applies to awards on/after 06/02/2013) (Award No.):	MA ADMIN 051805WI5048 for 10/1/2017 to 9/30/2018 MA ADMIN 051905WI5048 for 10/1/2018 to 9/30/2019
Grant Number (Grant No.):	N/A Continuing Medicaid Assistance grant
Cumulative Federal Award Amount (Total amount of dollars sub-awarded to the vendor from the Federal award):	Division to complete, based upon CARS contract amount.
DHS' Indirect cost rate for the Federal award (Approved Budget Indirect Costs (Rate)):	5.56 for Long Term Care
Sub-award period of performance start date (Project Period, not necessarily CARS dates):	1/1/18
Sub-award period of performance end date (Project Period, not necessarily CARS dates):	12/31/18
Is the Award R & D?:	no
Percent of All funds: FED	If profile name is FED, then 100% of the funds are FED. If profile name is NONFED or GPR, then 0% of the funds are FED.
Percent of All funds: Non-FED	If profile name is NONFED or GPR, then 100% of the funds are NONFED. If profile name is FED then 0% of the funds are NONFED.
Accountant Initial and Date	TR 8/28/17